



City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 FAX:(618)452-6246

Vacant Property Registration

Property Information:

Address of Vacant Property: _____

Parcel's Tax Identification Number (if known): _____

Property Type: ☐ Single Family ☐ Multiple Family ☐ Commercial ☐ Industrial ☐ Other

Utilities: Water ☐ on ☐ off Gas ☐ on ☐ off Electricity ☐ on ☐ off Winterized ☐ yes ☐ no

Property Owner: (If additional owners -- provide ownership information on separate sheet)

Name: _____

Contact Name (if Business): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number : _____ E-Mail: _____

Property Manager / Emergency Contact:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

E-Mail Address: _____ Business Phone: _____

Legal / Litigation Information for Property (Foreclosure / Bankruptcy)

Case Name: _____ Case #: _____

Court Name: _____

City: _____ State: _____ Zip: _____

Plaintiff(s): _____

Defendant(s): _____

Case Status: _____

Vacant Property Plan:

The vacant property plan must be completed and approved by the Building & Zoning Administrator or his designee. The plan shall contain a statement as to which of the following three options the owner has chosen for the property as well as the accompanying information.

(Please select and complete one option)

_____ Building to be demolished. Date for completion of demolition: _____

_____ Building to remain vacant. The building must be secured and the building and property maintained.

Reason building is to remain vacant: _____

_____ Building to be rehabilitated (within 365 days). Planned improvements and completion dates:

I, the undersigned, hereby certify that:

The data submitted in this vacant building registration is an accurate representation of the facts on the date of application.

Signature: _____ Date: _____